PTO/SB/06(08-03)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN (Column 1) OR SMALL ENTITY (Column 2) SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE BASIC FEE FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = x's 50= OB INDEPENDENT CLAIMS x \$ 100= (37 CFR 1.16(b)) 200 minus 3 = OR MULTIPLE DEPENDENT CLAIM PRESENT . 260 s-180 (37 CFR 1.16(d)) OR If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN (Column 1) (Cólumn 2) (Column 3) OR SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST ⋖ REMAINING PRESENT NUMBER. RATE ADDI-RATE AD0I-ENDMENT AFTER **PREVIOUSLY EXTRA** ර්ට් TIONAL AMENDMENT TIONAL PAID FOR FEE FFF Total Minus \times s 25 = (37 CFR 1.16(c)) OR Independent (37 CFR 1.16(b)) Minus x s 100 <200 OR ₹ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) + s (80) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST മ REMAINING PRESENT NUMBER RATE ADDI-RATE ADD1 **IENT** AFTER AMENDMENT **EXTRA PREVIOUSLY** TIONAL FEE TIONAL PAID FOR FEE Total (37 CFR 1.16(c)) **IENDM** Minus x s **5**0= OR Independent Minus x s<u>100</u>= x s 200= OR rs 180. FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) 360 OR TOTAL ADD'L FEE TOTAL OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST O REMAINING NUMBER PRESENT RATE ADDI-RATE ADDI-ENT AFTER PREVIOUSLY **EXTRA** TIONAL TIONAL AMENOMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus ENDMI 25. ೱೱ಄ೣ OR Independent (37 CFR 1.16(b)) Minus x s 100 x s 200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) + <180 360. OR TOTAL TOTAL ADD'L FEE ADD'L FEE OR

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".

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